



Gettysburg National Military Park

Park Watch Patrol

Volunteer Application

General Information

Name (Last, First Middle)	Social Security Number ____ - ____ - ____
Mailing Address (Street)	Home Phone: (____) ____ - ____
(City, State, Zip)	Work Phone: (____) ____ - ____
Birth Date (Month, Day, Year)	Email address

Availability

When can you begin?	When are you available? (Time of year, days of week, day or evenings)
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Work Experience

Name and address of Employer	Name of Supervisor	Dates Employed
A.		
	Phone number (____) ____ - ____	

Brief description of work

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Work Experience (continued)

Name and address of Employer	Name of Supervisor	Dates Employed
B.		
	Phone number () -	

Brief description of work

C.		
	Phone number () -	

Brief description of work

Special Skills

List any skills, training or education you have that you would like to use in your volunteer work.

References

List three people who are not related to you

Full Name of Reference	Phone	Address
	() -	
	() -	
	() -	

Summary of Driving Record			
Driver's License Number	State	Date Issued	Date Expires
Record of Motor Vehicle Convictions (past three years)			
Date	Nature or type of violation	City/State	Action Taken
Record of Motor Vehicle Accidents (past three years)			
Date	Nature or type of accident	City/State	Action Taken
Background Questions			
Have you ever been convicted of, or forfeited collateral for any felony violations? (<i>Generally, a felony is defined as any violation of law punishable by imprisonment of longer than one year.</i>)			Yes or No
Have you ever been convicted of, or forfeited collateral for any firearms or explosives violations?			
Are you now under charges for any violations of law?			
During the last 10 years have you forfeited collateral, been convicted, been imprisoned, been on probation, or been on parole? Do not include violations reported in 9, 10, or 11 above.			
Have you ever been convicted by a military court-martial?			
Explanations of "Yes" answers to the above questions may be offered on additional pages			
Signature, Certification, Release of Information			
<ul style="list-style-type: none"> ✓ I understand that any information I give may be investigated as allowed by law or Presidential order. ✓ I consent to the release of information about my ability and fitness BY employers, schools, law enforcement agencies, and other individuals and organizations TO investigators, personnel staffing specialists, and other authorized Federal employees. ✓ I certify that, to the best of my knowledge and belief, all of my statements are true, correct, and complete and made in good faith. 			
Signature			Date